



CITY OF ARANSAS PASS

ANIMAL CARE VOLUNTEER FORM

Please print clearly when filling out the application.

**You must be at least 15 years of age
to volunteer with a parent signature.*

Name _____

Date with year ____/____/____

Address (city, state, zip) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Date of Birth: _____

SSN: _____ (for background purposes) Driver's License #: _____

Emergency Contact _____ Relationship _____

Address (city, state, zip) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, what was the charge? _____

****Notice:** Any crimes of violence, animal abuse, drug offenses or theft will not be accepted.
The City of Aransas Pass will conduct a background check.

What are you most interested in? (Check all that apply)

- ☐ Dog Socialization/Interaction
- ☐ Special Events/Fundraising
- ☐ Cleaning assistance

- ☐ Assisting in adoptions
- ☐ Volunteer Leader
- ☐ Groomer/Bather

Tell us a little about you

How did you hear about us?

Do you possess any special skills that may benefit the shelter? What is your main reason for choosing to assist us?
Are you able to commit to the program? Do you understand even though it is volunteering it is a commitment to the
agency and animals? Please tell us your valued thoughts.

600 W. CLEVELAND BLVD. - P.O. BOX 2000 - ARANSAS PASS, TEXAS 78335-2000
PHONE (361) 758-5301 - FACSIMILE (361) 758-8188

Are you volunteering for a school club, National Honor Society etc.? ☐ Yes ☐ No

If yes, how many hours are you required to complete? _____

What is your expected end date? _____

Do you have any allergies pertaining to dogs, cats or certain chemicals? ☐ Yes ☐ no

If yes, what allergies do you have? _____

Volunteer Terms and Conditions

As a Volunteer with the Aransas Pass Animal Control I agree to:

- ✓ Never strike an animal, or handle or treat an animal in such a way that it would be construed as rough or abusive. I will always exercise care and compassion with the animals.
- ✓ Be available to volunteer for a minimum of 4-6 hours a week.
- ✓ Be conscientious; conduct myself with dignity, courtesy and consideration for others.
- ✓ Keep all customer information I may obtain directly or indirectly strictly confidential.
- ✓ Maintain appropriate attire and well groomed appearance while volunteering.
- ✓ Carry out all volunteer assignments in accordance with training procedures and seek assistance when necessary.
- ✓ Communicate any job related problems, conflicts or suggestions to the Animal Control Officers.
- ✓ Adhere to scheduling procedures when necessary and notify the Animal Control Officers if unable to complete an assigned scheduled shift.
- ✓ Wear a volunteer badge at all times when volunteering and return all items upon departure from the shelter.
- ✓ Notify the Animal Control Officers if I choose to discontinue my volunteer service with the City of Aransas Pass. This is a courtesy measure.
- ✓ Keep track of my own hours if I am in NHS, ROTC etc. and notify the Animal Control Officers if a completion form is needed. *** Note-if you complete hours needed and do not get a completion form, whether they are due or not, and do not return to the volunteer program-hours cannot be saved.

I understand that the City of Aransas Pass reserves the right to terminate my volunteer status as a result of the following:

- Any abuse or mistreatment of an animal
- Failure to comply with City policies and regulations.
- Inappropriate attire or attitude or behavior.
- Any other circumstances which in the judgment of the City would make my volunteer service contrary to the best interest of the City of Aransas Pass.
- Inability to fulfill shelter needs or duties assigned
- Not coming in to volunteer within 2 months' time.

I have read and understand each of the above conditions. My signature below indicates I agree with the above stated terms and conditions. I further understand that I am making at commitment to the agency (animals) even though I am a volunteer.

Printed Name	Signature	Date
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Printed Name of Parent/Guardian (if under 18 years of age)	Signature	Date
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Email: _____

Address & Phone: _____

Volunteer Waiver and Hold Harmless Agreement

1. I understand that the City of Aransas Pass (City) operates an animal control facility at 601 N. Avenue A, for animals picked up by animal control personnel, to assist with recovery of lost animals, and to find homes for animals that can be adopted.
2. I also understand that the City allows volunteers to assist with the operation of the facility in an effort to provide more care, encourage adoption, and reduce rates of euthanasia.
3. I am aware that there are inherent risks associated with working with animals, and while the City takes every reasonable precaution above and beyond the requirements of state law, those risks can never be wholly eliminated.
4. In consideration for being permitted to volunteer with the City of Aransas Pass at the Aransas Pass Animal Control Facility, I hereby release, indemnify, and hold harmless the City, and its officers, servants, agents, or employees from any and all liability, claims, demands, actions, and causes of action (including claims for court costs and attorney's fees) whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the City or otherwise, while volunteering at the Aransas Pass Animal Control Facility, or while in, on or upon the premises.
5. I am fully aware of the risks and hazards connected with volunteering at the Aransas Pass Animal Control Facility, and I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me, as a result of being engaged in such activity.
6. I agree to abide by the standard operating procedures of the Aransas Pass Animal Control Facility, the instructions given by staff of the Aransas Pass Animal Control Facility, and any instructions from other City employees or officers. I understand that volunteering for the Aransas Pass Animal Control Facility is a privilege and not a right, and I may be required by City personnel to leave the premises at any time, for any reason.
7. I understand that minors 15-18 years of age must have parental or guardian signature/approval while volunteering for the Aransas Pass Animal Control Facility. I understand that outside pets are not allowed.
8. I understand that the City of Aransas Pass may conduct a background check on me.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Driver's License Number of Volunteer: _____ State: _____

Printed Name of Volunteer

Signature of Volunteer

Printed Name of Parent/Guardian
(if under 18 years of age)

Signature of Parent/Guardian
(if under 18 years of age)

Today's Date

Volunteer's Daytime Telephone Number

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Aransas Pass Animal Control Facility Staff Only

Check (APACF staff to initial each area):

____ A copy of the volunteer's driver's license is attached.

____ The volunteer is 15 years old or older.

____ If the form was used for a minor (i.e. an individual under the age of 18 years), there is parental/guardian approval

____ The volunteer was informed of his/her start date and schedule.

Signature of Approving APACF Staff

Date

****This form is not complete until APACF staff checks off the above items.****